Apr. 10. 2015 2:11PM No. 6386 2015-03-31 13:39 Dept of Health-HCF 8655945739 >> 6158596789 P 12/20 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/31/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER: OMB\_NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445486 B, WING NAME OF PROVIDER OR SUPPLIER 03/23/2016 STREET ADDRESS, CITY, STATE. ZIP CODE RIDGETOP HAVEN HEALTH CARE CENTER 2002 GREER ROAD RIDGETOP, TN 37152 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE 10 PREFIX TAG (Xd) COMPLETION TAG DATE DEFICIENCY) √K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 SŞ≈Ð Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as On March 25, 2015 the Maintenance those constructed of 1% Inch solid-bonded core Director filled penetrations in the wood, or capable of resisting fire for at least 20 ceiling above room 2 with fire rated minutes. Doors in sprinklered buildings are only caulking. required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors On March 25, 2015 the Maintenance are provided with a means sultable for keeping Director inspected other fire walls the door closed. Dutch doors meeting 19,3.6,3.6 and no other concerns were are permitted. 19.3.6,3 identified. . ... Roller latches are prohibited by CMS regulations On April 6, 2015 the Maintenance in all health care facilities. Director was in-serviced by the Administrator on the importance of maintaining fire walls. The inspection of walls penetrations has been added to the preventative maintenance program to be checked on a quarterly The Administrator or designee will-This STANDARD is not met as evidenced by: monitor compliance during Based on observations, it was determined the compliance rounds and on an ongoing facility falled to maintain the corridor doors. bases. Findings from the compliance rounds will be referred to the Safety The finding included: Committee for review and recommendations as needed. The Observation above room 2 on 3/23/2015 at 1:51. Safety Committee, which meets p.m., revealed a penetration through the corridor monthly, consists of the door. Administrator, Maintenance Director, Director of Nursing, Assistant This finding was verified by the business office Director of Nursing, Human employee and acknowledge by the administrator Resource Director, and the Social during the exit conference on 3/23/2015, Service Director. K 022 NFPA 101 LIFE SAFETY CODE STANDARD

AGORAFORT DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

by dollatency statement ending with an asteristal") denotes a deliciency which the institution may be excused from correcting providing it is deformined that ber safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosuble 90 days lowing the date of survey whether or not a plan of correction is provided. Por nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

K 022

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4-10-15

(X8) DATE

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No. 6386 P. 12

6158596789 P 13/20 PRINTED: 03/31/2015

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DEP	ARTMENT OF HEALT!	HAND HUMAN SERVICES					D: 03/31/2	
_CEN	TERS FOR MEDICAR	E & MEDICAID SERVICES			'	FOR	VI APPROV	#15 /En
1314150	ARNI LIE DEGINIDALNIEN	NA PROJECT				MAD AK	11 APPROV	/EU
AND PL	AN OF OORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	LTIPL	E CONSTRUCTION	<u>אנו בווחר</u>	<u> </u>	<u> 391</u>
<b>!</b>		PERMITTED NOMBER:	A. BUILI	DING I	01 - MAIN BUILDING 01	(X3) DA	TE SURVEY	- }
1		1	}	FII14 (	ar a walle bolt old 01	1 00	MPLETED	
		445486	B. WING	<b>5</b>		}		- /
NAME	OF PROVIDER OR SUPPLIER		D. VINGO	=		1 6-	1001004	
i				67	REET ADDRESS, CITY, STATE, ZIP CODE	-L	<u>3/23/2015</u>	<u></u> _
RIDG	ETOP HAVEN HEALTH	CARE CENTER		20	POZ GREER ROAD			- 1
<del></del>					IDGETOP, TN 37152			- 1
(MX)	D SUMMARYST	ATEMENT OF DEFICIENCIES			<del></del>			- 1
PREF	IA (GAUR DEFICIENT)	Y MITST AS DOCCEREN NO et al	. PREF		PROVIDER'S PLAN OF CORRECTIO	N	(X6)	-4
IAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	^ 1	(EACH CORRECTIVE ACTION SHOULD	<b>₽</b> €	, COMPLETE	אם 📗
	<u> </u>		:	•	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE	
1				<del></del>	OLFICIENCI)		!	- 1
_,∕K 0;	22 Continued From pa						<del></del>	⊣.
,		iae i	ΚO	22				- 1
	Access to exits is u	narked by approved, readily	•				<b>;</b>	
	Algrera Pittiz IL SII C	ases where the ovir as your la			On March 24, 2015 the Maintenan		1	ĺ
	Leadin CYIL 19 UDI LGS	iolly apparent to the	•		District 24, 2015 the Maintenan	ce	í	ĺ
	occupants. 7.10.	1,4			Director replaced the light blubs in	l .	!	
					the exit signs next to room 18 and		İ	
				:	room 10.		i	-
							i	Ì
		:		:	On March 24, 2015 the Maintenan	ce	ſ 4	- }
		i		•	Director inspected all other exit		- 1	
		I		•	lights, and all were noted to be in	ļ		-
	ti sa wala ka a ji sa				nghes, and an were noted to be in	,	· ·	
		the state of the second control of the secon	;-:	*** ***	working order.	į.		
						• •		1
		•			On April 6, 2015 the Maintenance	!		- 1
	<b></b>			•	Director was in-serviced by the			- 1
	This STANDARD Is	not met as evidenced by:			Administrator on the importance of	, ,		
	~esqu on observani	0705   11 M/On delegant   1   1   1   1   1   1   1   1   1		•	maintaining the exit lights. The	· i		-
	facility falled to main	fain the eutro sizes		1	inspection of the exit signs has been			
		tour the exits signs.			moperation of the exit signs has been	J		1
	The finding included:	•		,	added to the preventative	- ;		-
					maintenance program to be checked	i i		1
	Observations on 2/22	20045			on a monthly basis.	- 1		1
	Observations on 3/23	7/2015 at 10:18 a.m.,		•				1
	revealed the exit sign	is was not functioning		•	The Administrator or designee will	Ţ		
. ,	- Stabetta Itt flig tollemi	OC IOCOMORES BARRAGAS - AA			monitor compliance during	i		1
	OUTS TO MARKOTIST FIRE	MINIBORAN ARRAMINA		•	compliance rounds and on an ongoi	<u>.</u>		Γ.
	(NFPA) 101, 7,10.5.1	, 2000 Edition.			bases Findings Section an Ongon	ng		1.
				1	bases. Findings from the compliance	ə j		1
	This finding was verifi	ed by the business office		•	rounds will be referred to the Safety	· [		1
	employee and acknow	viedge by the administrator			Committee for review and	į		1
	during the exit confere				recommendations as needed.	1	i	1
K 025	NEDA 101 LIEU CALE	21100 OH 3/23/2075,			,	ļ		1
	THE SAFE	TY CODE STANDARD	K 025	:	•	ļ	4 10 7 6	l
\$\$=E		•		•		i	4-10-15	İ
	Smoke pairlers are oc	instructed to provide at		•		ĺ	l	ļ
	least a one hair hour fi	ife resistanca ratino in				!	ſ	
	accordance with 8.3, .	Smoke barriers may !				ť	ł	
	terminate at an atrium	Wall Windows are					l	
	protected by fire-rated	ologica as boost	;	l I			ł	
	Danels and stack semi-	glazing or by wired glass				;	,	
	harrers arm stabi ttattle	38. A Minimum of two				į	j	
	asharara combattwov	is are provided on each				}	,	
					•	ļ	]	

2015-05-51 13:39 Dept of Health-HCF DEPARTMENT OF HEALTH AND HUMAN SERVICES

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No. 6386 P. 13 6158596789 P 14/20

PRINTED: 03/91/2015 FORM APPROVED

CENT	THE FOR MEDICADE	AND HUMAN SERVICES			. Р	RINTE	D: 03/91/20	016
STATEM	ENT OF DEFICIENCIES	& MEDICAID SERVICES				カンスリンド しょうしょう	MAPPROV	EC
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
No. of	of one war and	445486	B. WIN	G		}		
IVAME (	OF PROVIDER OR SUPPLIER			J STŘ	EET ADDRESS, CITY, STATE, ZIP CODE	03/23/2015		
ļ	ETOP HAVEN HEALTH C			2002	2 GREER ROAD GETOP, TN 37152			
(X4) II PREFI	SUMMARY STA	TEMENT OF DEFICIENCIES	ı ID		PROVIDER'S PLAN OF CORRECTION			
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREF	ΙX	(FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	100	COMPLETE DATE	אכ
K 02	A ALLMANDOR LIBITION DOL	ge 2	. K	: 02 <del>5</del>			1	_
	floor, Dampers are	not required in duct	10.	<i>J</i> 2J .				
}	penetrations of smo	ke barriers in fully ducted		:	On March 25, 2015 the Maintenance	ĉe .	Ì	
	neating, ventilating,	and air conditioning systems		•	Director filled in the penetration		:	
	19.3.7.3, 19.3.7.5. 1	9.1.6.3, 19.1.6,4			above the fire doors near room 1 w	ith	;	
		•			fire rated canlking. On March 23, ti	he	}	
					Maintenance Director removed the		1	
					foam and the damaged ceiling in th	e	!	- 1
	This SYANDADD I				maintenance office, Before May 9		<u> </u>	- 1
	This STANDARD is not met as evidenced by: Based on observations, it was determined the			:	2015 the Maintenance Director will	Į		J
	facility falled to main	ons, it was determined the lain the smoke/fire barrier.			replace the damaged ceiling and wi	11	[	- 1
	The standy hands of Wolls	rem the smokenire partier,	· .	٠	use fire rated caulking.	· · · · · · · · · · · · · · · · · · ·	j ]=  •••••	
	The findings include:	d:	;		On March 25, 2016 4- 3 6-1 /	1	 	
					On March 25, 2015 the Maintenanc	e /		- 1
	1, Observation on 3/	23/2015 at 9:51 a.m.,	i	1	Director inspected other fire walls and identified no other concerns.	į		Į
	ravasiéo nuspotovec	fire sing material (come)		į	and identified to other concerns.	)	,	1
	and Admind Develland	NOS (CHITANINA MARIJA - Section 1		İ	On April 6, 2015 the Maintenance	}		-1
		QIID 100 maistagga-			Director was in-serviced by the	. !		-
	Edition.	101, 8,2,3,2,4,2, 2000		•	Administrator on the importance of	į		-1
	Camori.	!		1	maintaining fire walls. The inspection			1
	2. Observation on 3/2	19/0045 - 1 4 54			of fire walls penetrations has been	"i		ļ
	revealed one penetra	(lon (black wire) above the		į	added the preventative maintenance	<b>!</b>		
	fire wall doors near ro	non (plack wire) above (he			program to be checked on a quarterl	, !		1
	8.2.3.2.4.2, 2000 Edit	ion.		;	bases.	' [		
	These finding were us	erified by the business -44		:	The Administrator or designee will	į		
	These finding were verified by the business office employee and acknowledge by the administrator			÷	monitor compliance during	:		1
	during the exit conference on 3/23/2015.				compliance rounds and on an ongoin			
		ANDO ON GIZGIAVIQ.		•	bases. Findings from the compliance	5		1
	C/O # 35867			•	rounds will be referred to the Safety	ļ		
K 029	NFPA 101 LIFE SAFE	TY CODE STANDARD	(Z AA.	•	Committee for review and	-		1
\$\$ <b>≒</b> F			K 02	∌.	recommendations as needed.	ļ		1.
	One hour fire rated on	hstruction (with % hour		;	was more and	Į		
	THE-LEIGO GOOLS) OF SU	approved automatic fire		1		į	5-09-15	
	exunguisning system i	n accordanne with R 4 1		i i			2-03-17	l
	and/or 19.3.5.4 protec	S hazardous areas When '		}				1
	the approved automati	c fire extinguishing system				:		
		,		1		i		i

Apr. 10. 2015 2:13PM No. 6386 2015-03-31 13:40 Dept of Health-HCF 8655945739 >> 6158596789 P 15/20 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/31/2015 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445486 B. WING NAME OF PROVIDER OR SUPPLIER 03/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE RIDGETOP HAVEN HEALTH CARE CENTER 2002 GREER ROAD RIDGETOP, TN 37162 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE GOMPLETION PREFIX TAO TAG DAYE DEFICIENCY) K 029 Continued From page 3 K 029 option is used, the areas are separated from On April 7, 2015 the Maintenance other spaces by smoke resisting partitions and Director removed metal vent in the doors. Doors are self-closing and non-rated or mechanical room and repair it with field-applied protective plates that do not exceed fire rated dry wall. On March 24, 48 inches from the bottom of the door are 2015 the maintenance director filled permitted. 19,3,2,1 in the penetrations in the ceiling and wall in the mechanical room, removed the foam and replaced it with fire rated calking. ...This STANDARD is not met as evidenced by: Based on observations, it was determined the On March 25, 2015 the Maintenance facility falled to maintain the hazardous areas. Director inspected other fire walls and identified no other concerns. The findings included: On April 6, 2015 the Maintenance 1, Observation on 3/23/2015 at 9:47 a.m., Director was in-serviced by the revealed a 18" by 18" cut out in the 1 hour Administrator on the importance of rated wall in the mechanical room (basement). maintaining fire walls. The inspection of walls penetrations has been added 2. Observation on 3/23/2015 at 9:51 a.m., the preventative maintenance revealed the mechanical room (basement) had inspection program to be checked on penetrations through the cailing and wall. a quarterly bases. 3. Observation on 3/23/2015 at 9:51 a.m., The Administrator or designee will revealed unapproved fire stop material (foam) in monitor compliance during the mechanical room (basement) on the wall and compliance rounds and on an ongoing celling. NFPA 101, 8.2.3.4.2(2)(a), 2000 Edition. bases. Findings from the compliance

ORM CMS-2567(02-99) Previous Versions Obcoloto

9.7.4.1.

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Evoni (D: ZM0F21

These finding were verified by the business office ! .

employee and acknowledge by the administrator

during the exit conference on 3/23/2015.

19.3.5.6, NFPA 10

Portable fire extinguishers are provided in all health care occupancies in accordance with

K 064 NFPA 101 LIFE SAFETY CODE STANDARD

Focility ID: TN7404

K 064 ·

If continuation shoot Page 4 of 6

4-10-15

rounds will be referred to the Safety

Committee for review and

recommendations as needed.

, 2015-03-31 13:40 Dept of Health-HCF 8655945

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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6158596789 P 16/20

PRINTED: 03/31/2015 FORM APPROVED OMB NO 0039,0304

		A MICOLONIO SEKVICES			<del></del>	ом вмс	<u>. 0938-0</u> 39
STATEMEN AND PLAN	t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			Construction - Main Building 01	(X3) DAT	E SURVEY MPLETED
		446486	B. WING	a	<u> </u>	1 00	100 MA4 m
	PROVIDER OR SUPPLIER OP HAVEN HEALTH O		-1	200	REET ADDRESS, CITY, STATE, ZIP CODE IZ GREER ROAD DGETOP, TN 37152	1 03	/23/2015 
(X4) ID PREFIX TAG	(EACH DEFICIENC)	YEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTII (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(XS) COMPLETION DATE
√K 064	Continued From pa	ge 4	: K	084	On March 23, 2015 the Houseke Supervisor removed the soiled u from in front of the fire pull state	tìlity –	
	Based on observat	s not met as evidenced by: ion, Il was determined the ntain the fire extinguishers.	· ·		On March 25, 2015 the Maintent Director checked other fire pull stations and there were no other stations blocked.		
	The finding included	í:	:	;	On April 6, 2015 the Administra in-serviced the Maintenance Dire	ector	
	a fire extinguisher w	B/2015 at 10:17 a.m., revealed vas blocked by 4 solled utility andry room, NFPA 10:1-6.3,	[15] ]	!	on the importance of ensuring the pulls stations are not blocked. On March 23, 2015 the laundry pers was in-serviced by the Administrance of ensuring the	n Onnel rator	pilver i
/K 147 SS=E	employee and acknowing the exit confe NFPA 101 LIFE SAF	ETY CODE STANDARD	<b>K</b> 1	! ; 47¦	pull stations are not blocked. The inspection of fire pull station being blocked has been added to the preventative maintenance programs be checked on monthly bases.	ng	
	Electrical wiring and with NFPA 70, Natto	equipment is in accordance mai Electrical Code, 9.1.2			The Administrator or designee w monitor compliance during compliance rounds and on an one	going	
	This STANDARD Is Based on observation facility overloaded the	not met as evidenced by: ons, it was determined the e electrical system.	•	:	bases. Findings from the complia rounds will be referred to the Saf Committee for review and recommendations as needed.	nce   ety	:
	The finding included:						4~10-15
	a.m., revealed an oxy	om 4 on 3/23/2015 at 9:04 ygen concentrator plugged FPA 99, 3-3.2.1.2(d)(2), 1999		:		. ]	
		29/2016 at 10:00 e.m., (tion unit (window) was		1			

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Apr. 10. 2015 2:14PM 2015-03-31 13:41 Dept of Health-HCF

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

6158596789 P 17/20 PRINTED: 03/31/2016 FORM APPROVED

O'YA'YEL IBAL	TO TOTAL MILEDICATO	E & MEDICAID SERVICES	-			JAAR NIC	0.0938 <u>-</u> 03
AND PLAN	T of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE C	ONSTRUCTION MAIN BUILDING 01	(X3) DA	TE BURVEY MPLETED
<u>.</u>	·	445486	B, WING			1	
	PROVIDER OR SUPPLIER OP HAVEN HEALTH		-	2002	ET ADORESS, CITY, STATE, ZIP CODE GREER ROAD SETOP, TN 37152	03	<u>//23/2015</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	N 46	COMPLÉTIC DATE
K 147	plugged into an ex	tension cord in the basement	K 1	47	On March 23, 2015 the Maintena Director removed the Oxygen concentrator power cord from the power strip and removed the extension cord from the storage r	3	
	ampioyee and ack	e verified by the business office nowledge by the administrator ference on 3/23/2015.	og engaler		On March 24, 2015the Maintenar Director checked all other oxyger concentrators for power strips. Rooms were also checked for the of extension cords and identified other concerns.	use	
// <b>*</b>					On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance on to overloading the electrical syst. On April 1, 2015 the staff was inserviced on proper use of powers and facility policy for not using extension cords. The inspection of rooms for proper use of power striand the use of extension cords has been added to the preventative maintenance program to be checked on monthly bases.	of em. trips	
:	·				The Administrator or designee will monitor compliance during compliance rounds and on an ongo bases. Findings from the complian rounds will be referred to the Safet Committee for review and recommendations as needed.	oing   ce	
		! !		; ;		4	l-10-15